

Public Health – Seattle & King County**Application for Health Department Approval of Building Permit**

For houses or structures served by an on-site sewage (septic) system (OSS)

Eastgate Public Health Center – 14350 SE Eastgate Way, Bellevue WA 98007-6458**(206) 296-4932 Fax: (206) 296-4919 Application Fee: \$451.00**

Health Department Use Only

Record I.D. Number

ON _____

Health Dept. Use Only**T - Guide Page/Loc.**

Note: Indicate if access to property is a problem due to locked fencing, guard dogs, etc.
Application and all support documents must be submitted in TRIPLICATE – 3 complete sets

In addition, your application sets must include:

- ☐ A detailed **route map and directions** to property;
- ☐ **Floor plans** showing what is changing in the building or on the property.
The maximum size paper accepted is **11" x 17"**
- ☐ An attached completed CHECKLIST FOR HEALTH DEPARTMENT REVIEW OF APPLICATION FOR BUILDING PERMIT

For DDES use Only

Date Received _____

Tracking No. _____

Permit Tech. _____

HD Fee Collected: Yes No

Property Information

Address of Property _____		Parcel No (APN):	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
City _____		Zip code	_____										
Applicant's Name _____		Day Phone	() _____										
Applicant's Mailing Address _____		City	_____ Zip _____										
Owner's Name _____		Day Phone	() _____										
Age of House _____	Distance to nearest public sewer _____	Is property in an incorporated city?											
Existing Square footage of house _____	Number of existing bedrooms _____	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Square footage to be added _____	Number of bedrooms being added _____												
Description of proposed changes _____													

Type of On-Site Sewage System Serving Property: _____

Additions or repairs to sewage system (give dates and describe briefly) _____

Describe or attach any drainfield easements, covenants or notices on title, which may impact the property

Water Supply Information

____ Public water system (water supply with 2 or more connections) _____

Water System Name: _____

State I.D. Number _____

____ Private (well, spring, etc.) attach copies of well log, well covenants, chemical/bacteriological sample reports.

For Health Department Use Only

Released Initials _____ Date _____

☐ Approved _____ Date _____ By: _____

☐ Disapproved _____ Date _____ By: _____

☐ Hold _____ Date _____ By: _____

Comments/Conditions: _____

Date Received

Community Environmental Health Services

14350 SE Eastgate Way
Bellevue, WA 98007-6458

206-296-4932 Fax 206-296-4919
TTY Relay: 711

www.kingcounty.gov/health



Remodeling / Alterations / Repairs / Additions / Improvements

(For properties not served by public sewer)

For an existing residence not served by a public sewer, Public Health Department approval is needed for your proposed project. The Application for Health Department Approval of Building Permit **and** Checklist for Health Department Review of Application for Building Permit, represent the required application forms for Health Department review of the building proposal.

There are **two possible methods** for requesting Public Health review of the proposed building project. **In both cases, the submittal forms must be complete and submitted in triplicate.**

METHOD 1 - DIRECT SUBMISSION TO PUBLIC HEALTH (HD)

You may choose to Submit the application along with the appropriate documentation and fee to the health department first. After Health Department approval is secured, you will be given two (2) copies of the approval. You can then submit a copy of the approval along with your building application to the local building department (e.g. DDES).

METHOD 2 - SUBMISSION WITH YOUR APPLICATION FOR BUILDING PERMIT

This method involves combined submission to the building department of their specific application documents **and** your application for Public Health review of the proposal. The fees for Public Health review will be incorporated alongside the specific fees required by building department.

The building department will send (to the Public Health) a copy of the building permit application along with your application for Public Health review.

Once Public Health has reviewed your application, the building department will be notified of their findings/decision. You will also be sent results of the HD review/findings.

If you have any questions regarding these matters, please contact Public Health at 206-296-4932

NOTE: In some instances, direct submission to Public Health (i.e. Method 1) may result in reduction of review time for the project.

CHECKLIST FOR HEALTH DEPARTMENT REVIEW OF APPLICATION FOR BUILDING PERMIT

(For buildings not served by public sewer)

The following checklist is a guide to assist the applicant in submitting a complete application. A properly prepared application must include this checklist below along with any additional details and specifications required by applicable provisions of the King County Board of Health – Title 13. *Note: For non-applicable items put NA in the “NO” column.*

SITE ADDRESS: _____ **PARCEL NUMBER (APN)**

APPLICATION FORM	Yes	No
Application indicates that public sewer service is not available within 200 feet of the subject property.		
The Application for Health Department Approval of Building Permit form is complete; <i>Data on all copies must be legible.</i>		
Application is submitted in triplicate, and accompanied by the appropriate fee.		
Detailed reference maps for locating the property are provided (vicinity, location and routing to site).		
There is access for field inspection by health department.		
The application indicates if the owner needs to be present due to access issues (e.g. guard dog, locked gate, etc.).		
Application sets are properly collated		

PLOT PLANS	Yes	No
PARCEL PLOT PLAN		
A 1”=20’ scale or 1”= 30’ scale is used. The parcel plot plan is provided on paper that is 11” x 17” or smaller.		
Entries on the plot plan are legible		
A North arrow is indicated on the plan		
Property and easement lines are shown, (specific lengths are indicated)		
Direction(s) of surface drainage is/are shown		
The plans show existing structures present on the site, including all out buildings		
Plan shows the location of existing wastewater tank(s) – (e.g. septic tanks, pre-treatment tanks, dosing/pump tanks, containment vessels)		
Plan shows (if present) the location of existing sand filter(s)		
Location of the primary sewage disposal area (e.g. drainfield, mound, up-flow sand filter) is shown		
Location of the designated reserve sewage disposal area is shown		
Location of other septic components are shown (e.g. tightlines, d-box, pressure lines)		
<i>Existing Horizontal Separations (e.g. the proposed addition setback to sewage system components)</i>		
The above scaled plot plan depicts the accurate location(s) of the following:		
driveways and parking areas		
wells, other water sources – show a 100’ radius for each well location		
abandoned wells		
water supply lines		
drainage features (e.g. footing drains, curtain drains, drainage ditches)		
cuts, banks, areas of filled terrain		
retaining walls		
surface water, streams, bodies of water		
seasonal water		

HEALTH DEPARTMENT AS-BUILT RECORDS	Yes	No
A copy of an approved as-built diagram is provided/attached		
A same scale (i.e. matching the as-built diagram scale) transparent overlay is provided showing the proposed construction/addition		

OTHER RELATED DOCUMENTS	Yes	No
If applicable/existing, other recorded documents relating to the sewage system and water supply are referenced.		